



# UPSTATE CAROLINA

# Connector

February 2022

## Issue Highlights

- Cancer Moonshot Updates
- Newly Activated Studies
- Research Base Meetings
- CCDR Corner
- All About AYA
- Diving Into Disparities
- Smiling Faces
- QA With Kelsey



## CANCER MOONSHOT

"On February 2, 2022, President Biden announced a reignition of the Cancer Moonshot, highlighting new goals: to reduce the death rate from cancer by at least 50 percent over the next 25 years and improve the experience of people and their families living with and surviving cancer—and, by doing these and more, to end cancer as we know it today."

To read more about this announcement follow the link below to the Cancer Moonshot home page.

[Cancer Moonshot - Home](#)

To watch the event recording follow the link below

[Moonshot Initiative Event - Recording](#)

## Newly Activated Studies

These studies have recently activated. More information can be found on [CTSU](#).



- [EA2205](#): A Randomized Phase II Trial Evaluating Chemotherapy vs Chemotherapy Plus Bevacizumab and Atezolizumab in Advanced Combined Hepatocellular

## Research Base Meetings

SWOG: April 6–9, 2022  
*Virtual/In-Person*

Registration Now Open

SWOG Registration

ECOG–ACRIN: May 4–6, 2022  
*Chicago, IL*

Alliance: May 11–14, 2022  
*Virtual/In-Person*

## The Cancer Letter



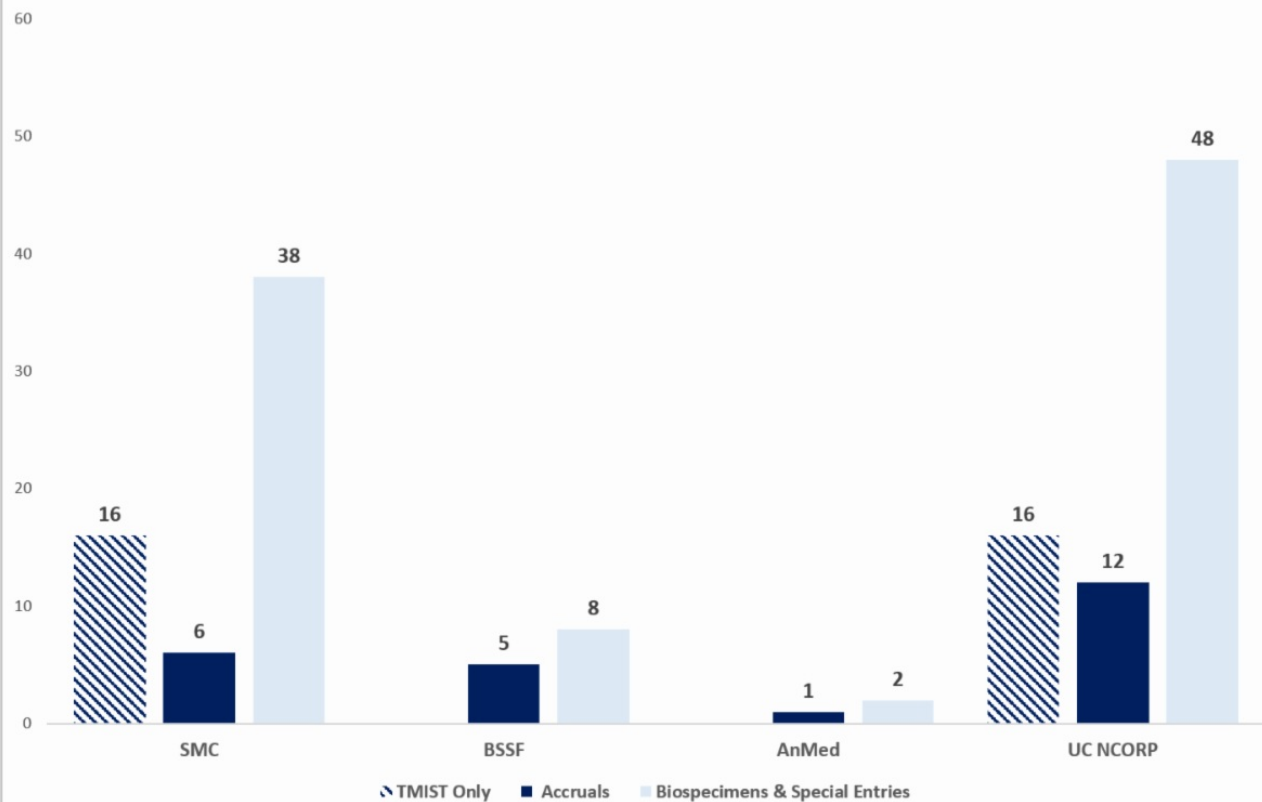
February 11,  
2022

February 4,  
2022

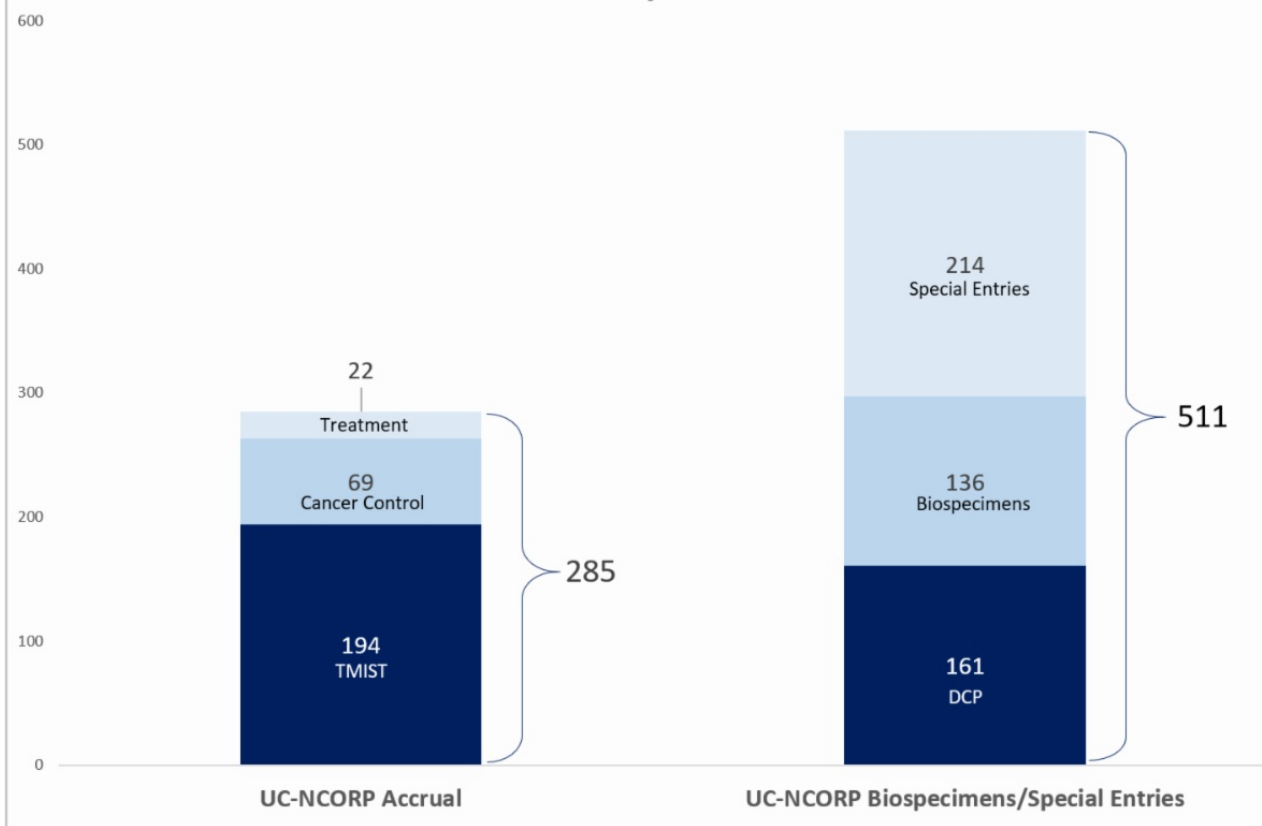
January 28,  
2022

## Accruals & Biospecimens–Special Entries

## GY3 January 2022 Accruals By Affiliate Site



## NCI Assigned Performance Tracking GY3 January YTD 2022

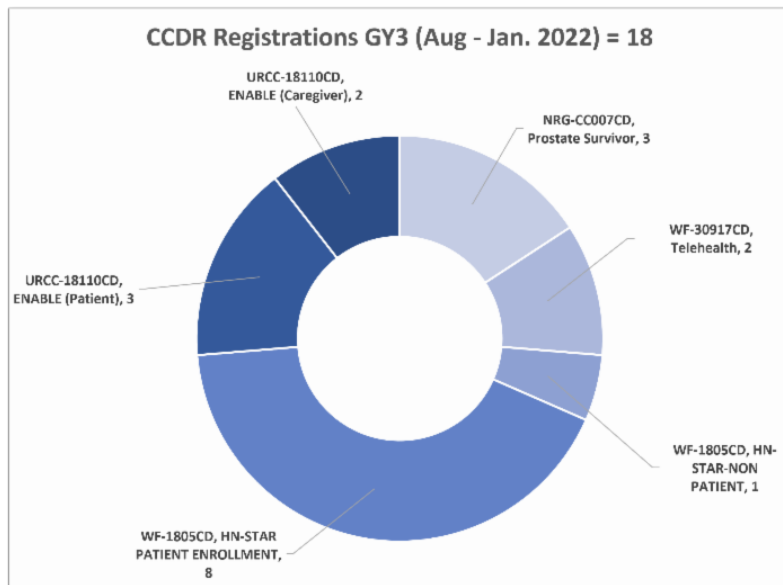


**Under-Represented Populations**

## Underrepresented Populations

All Accruals	Aug 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Goal GY3	Status GY3
AYA (15-39 yrs.)	2	1	2	1	6	3	4%	14.71%
Older Adults (>65 yrs.)	24	16	13	22	13	10	55%	33%
African American	12	15	12	7	7	5	17.6%	19%
Other Minorities	1	2	0	0	1	0	0.4%	1.3%
Hispanic	1	1	0	1	1	3	1%	2.3%
Rural	23	26	19	11	9	7	35%	32%

## CCDR Corner



Protocol	SMC	BSSF	AnMed
NRG-CC007CD	0	2	1
WF-30917CD	2	N/A	N/A
WF-1805CD	3	5	0
WF-1805CD (NON-PATIENT)	0	0	1
URCC-18004CD (PARTICIPATING)	X	X	N/A
URCC-18110CD (NON-PATIENT)	0	N/A	N/A
URCC-18110CD (PATIENT)	3	N/A	N/A
URCC-18110CD (CAREGIVER)	2	N/A	N/A
<b>Site Total</b>	<b>10</b>	<b>7</b>	<b>2</b>
<b>UC-NCORP Total</b>	<b>19 + Drug Shortage Participation</b>		



**CCDR Coordinator of the Quarter:**

## April Barrett, ADN / Research Coordinator - Oncology and Hematology

April Barrett has recently joined the CC/CCDR team of Upstate Carolina NCORP at Bon Secours/St. Francis . In her short tenure, she has already enrolled 4 patients onto NRG-CC007CD and 4 patients onto WF-1805CD. She is a SUPERSTAR!

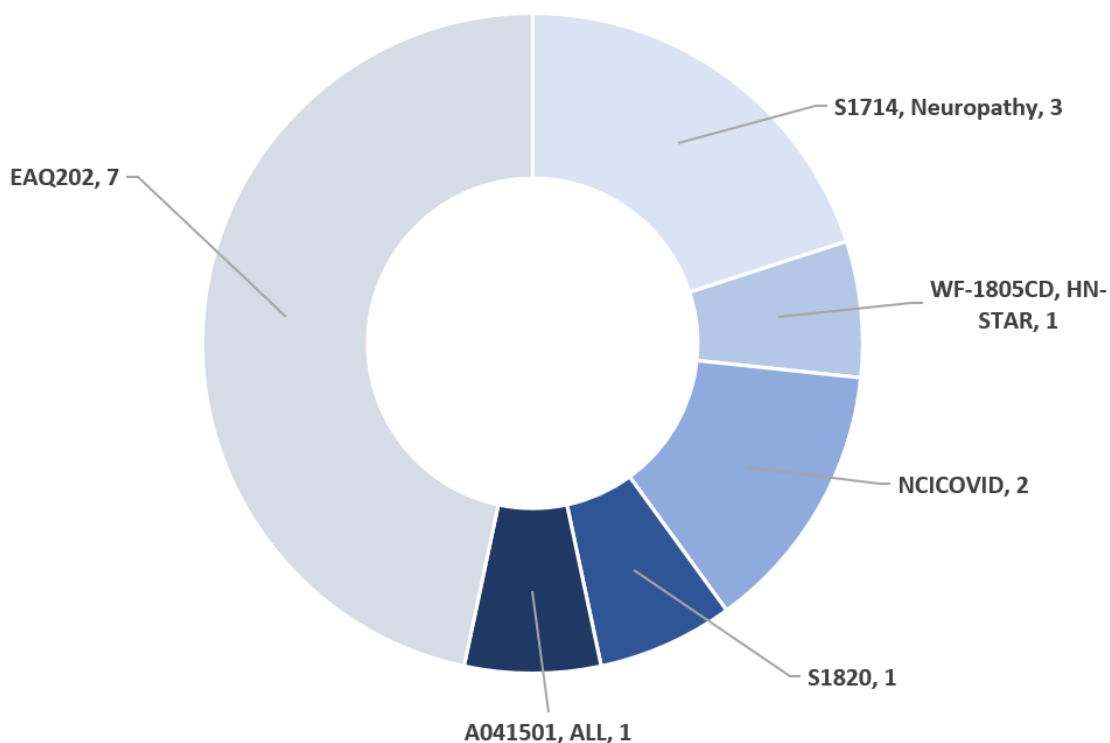
### All About AYA

## Upstate Carolina MARCH MADNESS

The Research Coordinator and Investigator who enroll the most patients onto EAQ202 will cut down the net!



AYA Accrual GY3 Aug - Dec 2021 - 15



In 2021, adolescent and young adults only represented 4.6% of all new diagnoses nationwide. However, AYAs account for approximately 6–7% of breast cancer diagnosis. One of the major initiatives for UC–NCORP is to increase screening and enrollment onto clinical trials for our underserved Adolescent and Young Adult (AYA) population, especially breast cancer patients which are the most common malignant diagnosis in older AYAs. As we approach the midway point for Grant Year 3, we would like to share

our progress on improving access to clinical trials for our AYAs. Our accruals for quarter 1 and the start of quarter 2 (August–December) include 11 enrollments (2 treatment and 9 cancer control) across all 3 institutions. With breast cancer being the leading cause of cancer in the female AYA population, we continue our effort to focus on getting these patients on clinical trials. The Clinical Trials Support Unit (CTSU) provides investigators and research staff with disease specific portfolios as a quick reference for trial availability and eligibility criteria for potential trial candidates. There are currently no breast trials targeted specifically at the AYA population. However, as shown in figure 1, there are breast trials that are available to the AYA population over 18 years of age.

A major focus of the UC–NCORP AYA Research Council is identifying barriers, gaps, and challenges around screening and enrolling our AYA's on breast trials. discuss barriers and challenges around screening and enrolling our AYA's on clinical trials. A review of AYA solid tumor accruals at St. Francis revealed that over a 2 year period, 38% of 113 solid tumor patients accrued on any study were breast cancer. Unfortunately, only 3 of those were placed on NCI trials. Clearly, there is room for improvement. Next steps involve taking a deeper dive into the available breast trials available to AYAs as well as the older adult population. Perhaps the AYA tail can wag that medical oncology dog! **Our AYA Research Council meetings are the third Wednesday of every month at 4:30 PM ET.** If you want to be a part of our discussion, feel free to reach out to Heather Schwartz, AYA Coordinator, [heather\\_schwartz@bshsi.org](mailto:heather_schwartz@bshsi.org).

Heather Schwartz  
Howland Crosswell, MD

See AYA? Think Research!

NCTN Breast Cancer Trials Portfolio (Open as of 12/15/2021)

Click on trial number to go to the associated ClinicalTrials.gov webpage, to view the protocol title and study information.

Neoadjuvant	Post-Neoadjuvant	Adjuvant	Metastatic
<div>EA1181 (COMPASS-pCR) HER2+ Stage II and IIIa</div>	<div>NRG-BR005 Any HR/HER2 status</div> <div>S1706 Any HR/HER2 status Inflammatory; No mets</div> <div>A011202 Any HR/HER2 status Surgery (Intra-Operative)</div> <div>A011801 (COMPASS-RD) HER2+ T1-4, N0-3 Any HR-; If HR+, node+</div>	<div>NRG-BR003 TNBC</div> <div>CCTG MA.39 HR+/HER2- Low risk; Node positive</div> <div>NRG-BR007 (DEBRA) HR+/HER2- pT1(&lt;=2cm) pN0M0</div>	<div>EA1142 HR+/HER2- [18F] Fluoroestradiol PET study</div> <div>NRG-BR002 Any HR/HER2 status Female only; No brain mets</div> <div>EA1183 (FEATURE) HR+ Bone-dominant (BD) or bone-only (BO) disease</div> <div>NRG-BR004 HER2+ 1<sup>st</sup> line; Some brain mets allowed</div> <div>S2007 HER2- Brain metastases</div> <div>EAY131 (MATCH)</div> <div>S1609 (DART)</div>

Legend by Subtype Status

White = Any HR/HER2 status

Green = TNBC

Blue = HER2- (Any HR status)

Orange = HER2+ (Any HR status)

Purple = HR+ and HER2-

Yellow = HR+ (Any HER2 status)

Pink = Cross-disease trials



# Black History Month: Acknowledging the Past to Provide a Better Future



For many centuries, African American people have been essential to advancing the field of oncology and research. However, many achievements and contributions have not been highlighted or celebrated due to unjust racial and systemic barriers. This Black History Month, Upstate Carolina NCORP would like to highlight a few individuals who have contributed to our understanding of oncology research and medicine.



## **Louis T. Wright, MD (1891–1952)**

Louis Thompkins Wright, MD, FACS, was an American surgeon and civil rights, activist. He was the first African American on the surgical staff of a non-segregated hospital in Harlem, NY, in 1919. Additionally, in 1948, Dr. Wright founded the Harlem Hospital Cancer Research Foundation to advance studies in chemotherapy to treat cancer. At that time in history, chemotherapy was a newly emerging concept.

## **Henrietta Lacks (1920–1951)**

Henrietta Lacks was an African American woman whose cancer cells are the source of the HeLa Cell line, the first immortalized human cell line and one of the most important cell lines in medical research. Ms. Lacks' contribution to cancer research stems back to her cervical cancer diagnosis at the Johns Hopkins Hospital in 1951. Her tumor cells had remarkable survival capabilities and allowed scientists to study the impact of drugs, radiations, and treatments on cancer cells. However, at the time of her biopsy, consent requirements regarding collecting and using samples in research did not exist. Ms. Lacks' story came to light in Rebecca Skloot's book, "The Immortal Life of Henrietta Lacks," in 2010. Since then, there have been numerous conversations surrounding the controversy of her case and it contributed to the 2018 revision of the Common Rule – a set of regulations and practices designed to protect human subjects in federally funded research.



## **Jane Cooke Wright, MD (1919–2013)**

Dr. Wright, the daughter of Louis Tompkins Wright, was an oncologist who pioneered methods to evaluate cancer treatments using tumor biopsies. More specifically, she developed the technique of using human tissue culture rather than laboratory mice to test the effects of potential drugs on cancer cells. Jane worked alongside her father at the Cancer Research Foundation in Harlem, and together they researched chemotherapy drugs that led to remission in patients with leukemia and lymphoma. She was among the first to promote individualized treatments for cancer and the coordinated use of multiple methods (radiation, surgery, and or chemotherapy) to combat the disease. In addition, her experiments proved that injecting drugs directly onto the

location of the cancer was more effective than using a more convenient vein or artery. This early form of precision medicine identified new ways to administer chemotherapy and resulted in her appointment to the President's Commission on Heart Disease, Cancer, and Stroke by Lyndon B. Johnson in 1964. She was also one of the seven physicians to establish the American Society for Clinical Oncology to support clinical research and systemic study of cancer treatments. In addition, Dr. Wright became the first female African American associate dean of a nationally recognized institution, earning the honor of highest-ranking African American woman at a U.S. medical school. Her distinguished career culminated in 1971 when she became the first female president of the New York Cancer Society

## **William E. Allen Jr., MD (1903–1981)**

Dr. William Edward Allen, Jr. was a radiologist, researcher, professor,

and philanthropist who significantly influenced radiology during its development in the 1930s. He focused his skill on shaping radiology as a science and profession to increase African Americans' access to education and scientific careers. In 1945, he served as the first chairman of the National Medical Association Radiology section. Dr. Allen's career followed the emerging radiology and radiation oncology fields, with his later research focused on nuclear medicine and radiation therapy in prostate tumors and cervical cancer.



These few highlighted do not merely represent the influence of African American people on oncology research and medicine. As clinical researchers and healthcare providers, we are proud to continue to honor the work of African American people from the past by committing to enhance cancer research and improve cancer health outcomes for patients from diverse racial and ethnic backgrounds.

Additionally, click the link to read a message from the NCI Director – Commemorating Black History Month 2022! <https://www.cancer.gov/research/key-initiatives/nci-equity-inclusion-program/about/leadership-messages/black-history-month>

## Smiling Faces



### Welcome New Staff

Hayley Schopfer, BSSF  
Debbie Nunn, BSSF  
Malinda Soileau, AnMed  
Wendy Taylor, SMC  
Tammy Pittman, SMC  
Brittany Belcher, SMC  
Keith Dee, SMC

## QA with Kelsey

### Upcoming Audit

URCC: March 28 – April 1, 2022

Do you have any staff you would like highlighted in The Connector?  
Please submit it by the 15<sup>th</sup> of the month to Alaina: [akennedy@srhs.com](mailto:akennedy@srhs.com)



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